Division of Program Compliance - Audits Branch 1600 9th Street, Suite 410, Sacramento, CA 95814 (916) 651-3902, FAX (916) 651-3930

September 23, 2009

Tom Sherry, MFT, Director, Mental Health Sutter/Yuba Mental Health Services 1965 Live Oak Boulevard P.O. Box 1520 Yuba City, CA 95991

Dear Mr. Sherry:

AUDIT REPORT PER APPEAL: SUTTER/YUBA MENTAL HEALTH SERVICES

In accordance with California Welfare and Institutions Code Section 14171, the audit report for **Sutter/Yuba Mental Health Services** for the fiscal period ended June 30, 2004, has been revised to incorporate the agreement reached pursuant to Audit Appeal # MH9-0604-746-PW.

In our opinion, the amount shown in the accompanying Summary of Federal Share of Short-Doyle/Medi-Cal Program Costs per Appeal (Schedule 1) represents the net amount allowable according to the above-mentioned statute. The effect of this revised allowable program cost is as follows:

Net Program Costs

Fodoral Chara of	<u>Audited</u>	<u>Appealed</u>	<u>Adjustment</u>
Federal Share of Short-Doyle/Medi-Cal	\$ 4,665,193	\$ 5,097,477	\$ 432,284
Federal Share of Healthy Families/Medi-Cal	\$ 84,713	\$ 87,555	\$ 2,842
State General Funds EPSDT Due State	\$ 1,566,633	\$ 1,580,649	\$ 14,016

Should you have any questions, please do not hesitate to contact us at the above number.

Sincerely,

WALTER J. HILL, JR., MBA, EA

Chief of Audits

Enclosures

Certified Mail

SUTTER-YUBA COUNTY COMMUNITY MENTAL HEALTH SERVICES SUMMARY OF NET REIMBURSABLE MEDI-CAL PROGRAM COSTS FISCAL YEAR ENDED JUNE 30, 2004

			As Audited		Audit Adjustments		Per Appeal
NET REIMBURSABLE MEDI-CAL				_			_
PROGRAM COSTS							
COUNTY PROVIDERS							
MEDI-CAL - FFP	(Sch. 2a)	\$	3,836,598	\$	84,517	\$	3,921,115
HEALTHY FAMILIES - FFP	(Sch. 2a)		65,976	_	2,842		68,818
TOTAL FFP - COUNTY PROVIDERS		\$ _	3,902,574	\$_	87,359	\$_	3,989,933
CONTRACT PROVIDENC							
CONTRACT PROVIDERS		\$	939 505	•	247 767	ď	1 176 262
MEDI-CAL - FFP HEALTHY FAMILIES - FFP		Þ	828,595	Þ	347,767 0	Þ	1,176,362 18,737
TOTAL FFP - COUNTY PROVIDERS		_	18,737 847,332			<u>,</u> –	1,195,099
TOTAL FFF - COUNTY PROVIDERS		p	647,332	• • –	347,707	• –	1,190,099
TOTAL FFP - COUNTY PLUS CONTRACT PA	ROVIDERS						
MEDI-CAL - FFP		\$	4,665,193	\$	432,284	\$	5,097,477
HEALTHY FAMILIES - FFP			84,713		2,842		87,555
TOTAL FFP - COUNTY PLUS CONTRACT PF	ROVIDERS	\$	4,749,906	\$_	435,126	\$_	5,185,032
		_		_		_	
SUMMARY OF STATE GENERAL FUNDS							
EPSDT - SGF		\$	1,566,633	\$_	14,016	s_	1,580,649

SUTTER-YUBA COUNTY COMMUNITY MENTAL HEALTH SERVICES SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE FISCAL YEAR ENDED JUNE 30, 2004

COUNTY OPERATED FEDERAL

					Audit		
			As Audited		Adjustments	_	Per Appeal
Total Medi-Cal Gross Reimbursement							
1. Inpatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)	\$	0	\$	0	\$	0
2. Outpatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)		5,566,357		67,785		5,634,142
3. Enhanced SD/MC (Children) - I/P	(MH1968, Ln 16, 16A)		0		0		0
4. Enhanced SD/MC (Children) - O/P	(MH1968, Ln 16, 16A)		29,401		145		29,546
5. Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 22)		0		0		0
6 Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 22)		0		0		0
7. Healthy Families Gross Reimbursement-I/P	(MH1968, Ln 27, 27A)		0		0		0
8. Healthy Families Gross Reimbursement-O/P	(MH1968, Ln 27, 27A)		89,654		3,975		93,629
9. Total		\$_	5,685,412	\$_	71,905	\$_	5,757,317
Less: Patient & Other Payor Revenues							
10. Inpatient SD/MC and Crossover	(MH 1968, Ln 28, 28A)	\$	0	\$	0	\$	0
11. Outpatient SD/MC and Crossover	(MH 1968, Ln 28, 28A)		68,486		(0)		68,486
12. Enhanced SD/MC (Children)-I/P	(MH 1968, Ln 29)		0		0		0
13. Enhanced SD/MC (Children)-O/P	(MH 1968, Ln 29)		0		0		0
14. Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 30)		0		0		0
15. Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 30)		0		0		0
16. Healthy Families Patient Revenue-I/P	(MH 1968, Ln 31)		0		0		0
17. Healthy Families Patient Revenue-O/P	(MH 1968, Ln 31)	_	0		0	_	0
18. Total		s _	68,486	\$ =	(0)	\$ _	68,486
Medi-Cal Net Reimbursement for Direct Service	<u>es</u>						
19. Inpatient SD/MC (Incl Children Enhanced)	(Ln 1,3 - Ln 10,12)	\$	0	\$	0	\$	0
20. Outpatient SD/MC (Incl Children Enhanced)	(Ln 2,4 - Ln 11,13)		5,527,272		67,930		5,595,202
21. Enhanced SD/MC (Refugees)-I/P	(Ln 5 - Ln 14)		0		0		0
22. Enhanced SD/MC (Refugees)-O/P	(Ln 6 - Ln 15)		0		0		0
23. Healthy Families-I/P	(Ln 7 - Ln 16)		0		0		0
24. Healthy Families-O/P	(Ln 8 - Ln 17)	_	89,654		3,975	_	93,629
25. Total		\$ =	5,616,926	· \$ _	71,905	\$ =	5,688,831
Medi-Cal MAA Reimbursement							
26. Service Functions 01-09	(MH1979, Ln 11, Col. A)	\$	0	\$	0	\$	0
27. Service Functions 11-19, 31-39	(MH1979, Ln 12, Col. A)		0		0		0
28. Service Functions 21-19	(MH1979, Ln 13, Col. A)	_	0		0	_	0
29. Total		\$ _	0	\$_	0	\$_	0

SUTTER-YUBA COUNTY COMMUNITY MENTAL HEALTH SERVICES SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE FISCAL YEAR ENDED JUNE 30, 2004

COUNTY OPERATED FEDERAL					Audit		
			As Audited		Adjustments	_	Per Appeal
Amount Negotiated Rates Exceed Cost							
30 Inpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A)	\$	0	\$	0	\$	0
31 Outpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A)		0		0		0
32 Enhanced SD/MC (Refugees)-I/P	(MH1968, Ln 39)		0		0		0
33. Enhanced SD/MC (Refugees)-O/P	(MH1968, Ln 39)		0		0		0
34. Healthy Families-I/P	(MH 1968, Ln 40, 40A)		0		0		0
35. Healthy Families-O/P	(MH 1968, Ln 40, 40A)	_	0		0		0
36. Total		\$_	0	\$_	0	\$_	0
Medi-Cal Administrative Reimbursement							
37. Administrative Reimbursement Limit	(MH 1979, Ln 4)	\$	1,429,035	\$	10,189	\$	1,439,224
38. Medi-Cal Administration	(MH 1979, Ln 5)	s	1,437,867	· s -	42,682	s ⁻	1,480,549
39. Medi-Cal Reimbursement	(Lower of Ln 37, Ln 38)	\$_	1,429,035	\$_	10,189	\$_	1,439,224
Healthy Families Administrative Reimbursement							
40. Healthy Families Administrative Reimbursement Lin	nit (MH1979, Ln 8)	\$	11,848	\$	397	\$	12,245
41. Healthy Families Administration	(MH1979, Ln 9)	\$	23,037	s -	1,439	\$	24,476
42. Healthy Families Administrative Reimbursement	(Lower of Ln 40, Ln 41)	\$_	11,848	\$ _	397	\$ =	12,245
Utilization Review Reimbursement							
43. Skilled Professional	(MH1979, Ln 14, Col. D)	\$	269,503	\$	(50,828)	\$	218,675
44. Other Medi-Cal U.R.	(MH1979, Ln 15, Col. D)	=	98,656	\$ = =	6,215	\$ =	104,871
Net SD/MC Reimbursement - FFP							
45. Direct Services	(MH1979, Ln 16,16A)	\$	2,929,742	5	36,114	\$	2,965,856
46. Enhanced (Children)	(MH1979, Ln 17,17A)	•	19,110	•	95	•	19,205
47. Enhanced (Refugees)	(MH1979, Ln 18)		0		0		0
48 MAA	(MH 1979, Ln 11, 12 & 13	3)	0		0		0
49. Administrative Reimbursement	(MH1979, Ln 6)	-,	714,517		5,095		719,612
50. U.R. Skilled Professional	(MH1979, Ln 14)		139,246		24,760		164,006
51. U.R. Other	(MH1979, Ln 15)		33,982		18,454		52,436
52. Negotiated Rate-Payback	(MH1979, Ln 20)		0		0		0
53. Subtotal- FFP	(, , ,	\$ 	3,836,598	\$_	84,518	\$ _	3,921,115
54. Contract Limitation Adjustment	(MH 1979, Ln 22)	\$	0	\$	0	\$	0
55. Quality Assurance Review Results	(Adj #)		0	_	0	_	
56. Total SD/MC Reimbursement - FFP		\$	3,836,598	\$	84,518	\$	3,921,115
Net Healthy Families Reimbursement - FFP		-		=		=	
57. Healthy Families Net Reimbursement	(MH1979, Ln 24,24A)	\$	58,275	\$	2,584	\$	60,859
58. Negotiated Rate Exceed Costs	(MH1979, Ln 26)		0	-	0	-	0
59. Administrative Reimbursement	(MH1979, Ln 10)		7,701		259		7,960
60. Total Healthy Families Reimbursement - FFP	,, ,,	\$ <u></u>	65,976	s <u>_</u>	2,842	\$ <u></u>	68,818
61. Total - FFP (Ln 56 + Ln 60)		\$	3,902,574	\$	87,360	\$	3,989,933
•		-		=		_	(To Sch. 1)

SUTTER-YUBA COUNTY SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST FISCAL PERIOD ENDED JUNE 30, 2004

		10	(2)	(3)	(4)	(5)	{6}	(7)	(8)	(9)	(10)
		Medi-Cal	Enhanced -	Enhanced -	Total	Healthy	Medi-Cal	Enhanced -	Enhanced -	Total	Healthy
Legal		and Crossover	Children	Refugees	Gross Cost	Families	and Crossover	Children	Refugees	Gross Cost	Families
Entity		Gross Cost	Gross Cost	Gross Cost	(Excl. HFP)	Gross Cost	Gross Cost	Gross Cost	Gross Cost	(Excl. HFP)	Gross Cost
Number	Legal Entity) N P	A T I E	N T			O U T P	A T (E N T	
		(MH 1968,	(MH 1968,	(MH 1968,	(Col. 1 to 3)	(MH 1968,	(MH 1968,	(MH 1968,	(MH 1968,	(Col. 6 to 8)	(MH 1968,
		Ln 5, 5A, 10,10A)	Ln 16, 16A)	Ln 22)		Ln 27, 27A)	Ln 5, 5A, 10,10A)	Ln 16, 16A)	Ln 22)		Ln 27, 27A)
00120	FAMILIES FIRST	s o \$	0 \$	0 \$	0 \$	0	\$ 144,516 \$	0 \$	0 \$	144,516 \$. 0
00386	MILHOUS CHILDREN'S SERVICE	0	0	Ō	0	0	40,547	0	0	40,547	Ó
00484	NORTHVALLEY SCHOOLS, INC.	0	0	0	0	0	198,030	0	0	198,030	0
00529	WILLOW GLEN CARE CENTER	0	0	0	0	0	18,203	0	0	18,203	0
00541	CHARIS YOUTH CENTER	0	0	0	0	0	107,649	0	0	107,649	0
01042	VICTOR COMMUNITY SUPPORT	0	0	0	0	0	1,681,307	16,147	0	1,697,454	28,826



SUTTER-YUBA COUNTY SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST FISCAL PERIOD ENDED JUNE 30, 2004

		1.3	(11)	(12)		(13)	(14)		(15)	(16)	(17)	(18)	(19)
			Total	Healthy		Total	Healthy		Total		Total		Total
Legal			Revenue	Families	i	Revenue	Families		Net Cost	Net Cost	Net Cost	Net Cost	MAA
Entity			(Excl. HFP)	Revenue	•	(Excl. HFP)	Revenue		(Excl. HFP)	Healthy Families	(Excl. HFP)	Healthy Families	FFP
Number	Legal Entity		1 N P A	TIENT		OUTPA	TIENT		INPA	TIENT	OUT	PATIENT	Reimbursement
			(MH 1968	(MH 1968	3,	(MH 1968,	(MH 1968,	_	(Col 4-11)	(Col 5-12)	(Col 9-13)	(Cot 10-14)	(MH 1979,
			Ln 28 to 30)	Ln 31)		Ln 28 to 30)	Ln 31)						Ln 11-13)
00120	FAMILIES FIRST	\$	0	\$	0	s 0 s	0	\$	0 \$	\$ 0 \$	144,516	5 \$ 0 \$	0
00386	MILHOUS CHILDREN'S SERVICES		0		0	0	0		0	0	40,547	7 0	0
00484	NORTHVALLEY SCHOOLS, INC		0		0	0	0		0	0	198,030	0	0
00529	WILLOW GLEN CARE CENTER		0		0	0	0		0	0	18,200	3 D	0
00541	CHARIS YOUTH CENTER		0		0	0	0		0	0	107,649	9 0	0
01042	VICTOR COMMUNITY SUPPORT SE		0		0	0	0		0	0	1,697,454	4 28,826	0



SUTTER-YUBA COUNTY SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST FISCAL PERIOD ENDED JUNE 30, 2004

			(20)	a#4888	(21)	(22)		(23)		(24)		(26)	(26)	(27)		(28)
			Neg. Rates		Neg. Rates	Neg. Rates		Neg. Rates								
Legal			Exceed Costs		Exceed Costs	Exceed Costs		Exceed Costs		Total SD/MC		Healthy Families	Total	FFP	L	ower of FFP
Entity			(Excl. HFP)	н	ealthy Families	(Excl. HFP)		Healthy Families		Reimbursement		Reimbursement	Reimbursement	Contract	•	or Contract
Number	Legal Entity		INPA	(TI	ENT	ουτι	À	TIENT	ŀ	(FFP)		(FFP)	(FFP)	Maximum		Maximum
			(MH 1968,		(MH 1968,	(MH 1968,		(MH 1968,		(MH 1979, Line 21)	_	(MH 1979, Ln. 27)	(Col. 24 + 25)			
			Ln 38 to 39)		Ln 40, 40A)	Ln 38 to 39)		Ln 40, 40A)								
00120	FAMILIES FIRST	\$	0	\$	0 \$	s 0	\$	0	\$	77,087	\$	0 \$	77,087	\$ 95,940	\$	77,087
00386	MILHOUS CHILDREN'S SERVICES		0		0	0		0		21,668		0	21,668	33,046		21,668
00484	NORTHVALLEY SCHOOLS, INC.		0		0	0		0		105,380		0	105,380	269,165		105,380
00529	WILLOW GLEN CARE CENTER		0		0	0		0		9,695		0	9,695	26,767		9,695
00541	CHARIS YOUTH CENTER		0		0	0		0		57,454		0	57,454	91,943		57,454
01042	VICTOR COMMUNITY SUPPORT SI	ŀ	0		0	0		0		905,078		18,737	923,815	0		923,815

GRAND TOTAL	\$ 	0 \$	0 \$	0 \$	1,176,362	18,737	\$ 1,195,099	516,861	\$ 1,195,099
									(To Sch 1)

SUTTER-YUBA COUNTY COMMUNITY MENTAL HEALTH SERVICES COMPUTATION OF EPSDT STATE SHARE PER AUDIT FISCAL YEAR ENDED JUNE 30, 2004

		_	As Audited	Audit Adjustments	Per Appeal
(1) SD/N	MC Actuals (MH 1979, Lns. 16, 16A, 17, 17A, 18) (including contractors)	\$	7,733,670 \$	67,931 \$	7,801,601
(2) Tota	al SD/MC Claims		9,142,156	0	9,142,156
(3) Pero	cent % (Line 1/Line 2)		84.59%	0.75%	85.34%
(4) EPS	SDT Claims		4,446,180	0	4,446,180
. ,	al Cost Settled EPSDT SD/MC = 3 X Line 4)		3,761,024	33,346	3,794,370
(6) Cost	Settled Baseline for EPSDT		354,552	0	354,552
` '	Cost Settlement Amount se 5 - Line 6)		3,406,472	33,346	3,439,818
` ,	70% of Cost Settlement Amount ne 7 x 46.70%)		1,590,822	15,573	1,606,395
(8a) FY	2001-02 EPSDT Settlement		1,348,930	0	1,348,930
(8b) Ann	nual Local Growth (L. 8 - 8a)		241,892	15,573	257,465
(9) Cour	nty Match 10% of Local Growth (8b x 10%)		24,189	1,557	25,747
(10) Net	Cost Settlement Amount (L. 8 - 9)		1,566,633	14,016	1,580,649
(11) SGF	Distribution (Settled and Audited)		1,566,633	0	1,566,633
(12) SGF	Due County (State)	s <u> </u>	0.00 \$	14,016_\$	14,016
					(To Sch. 1)

Source:

- (1) Total CFRS SD/MC actuals after final Settlement (Col. 1) and Audit (Col. 3) for Net Direct Outpatient Services (includes Mode 05 - SFs 20-94, Mode 10, and Mode 15)
- (2) Total SD/MC paid claims (total non-hospital, including PHFs) by County Submitting Claims (inclues contract providers, excludes Healthy Families)
- (4) SD/MC paid claims for children under 21 years of age (full scope, non-hospital, including PHF's) including new aid codes by County of Beneficiary
- (6) Cost Settled Baseline for EPSDT for FY 2001-2002, includes increase for FFS/MC provider rate increase
- (9) SGF gross distribution (See DMH letter dated January 14, 2002 sent to Local Mental Health Directors) Includes adjustment for additional SGF and ASO non participants
- (10) Amount owed back to the state cannot be more than was advanced or settled.

California Health and Human Services Agency

Department of Mental Health

Provider	SUTTER-YUE	BA COU	NTY		Provider Number 00058	No. of Adj. 30		Fiscal F June	Period	
	Report Refe	rence				As		Increase		Per
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTME	ENTS	Audited		(Decrease)		Appeal
				ADJUSTMENTS TO AUDITED COSTS						
1	MH 1960	4	С	OTHER ADJUSTMENTS FROM MH 1962		\$ 0	9	(12,100)	\$	(12,100)
				To eliminate unsupported utilization review staffs' salaries and beneappeal agreements based on additional supporting documentation by the County.						
				CMS PUB. 15-1 SEC. 2304						
2 3	MH 1960 MH 1960	6 6	C C	MEDI-CAL ADJUSTMENT FROM MH 1961 MEDI-CAL ADJUSTMENT FROM MH 1961	**	\$ (406,572 \$ (423,512			\$ \$	(423,512) * (341,029) *
				To reverse adjustment No. 4 presenting in original audit report and include corrected deprecation. Theses adjustments were made as agreements reached between the DMH and the County pursuant to based on additional documentation submitted by the County. This adjustment will affect Total Administrative Costs and Mode Co	a result of appeal					
				Total Administrative Costs \$ Mode Costs \$	51,311 31,172 82,483					
				CMS PUB. 15-1 SEC. 2300			Ì			
4	M H 1960	6	С	MEDI-CAL ADJUSTMENT FROM MH 1961	**	\$ (341,029) 9	27,138	\$	(313,891)
				To include FY 03-04 portion of depreciation expenses for FY 02-03. Theses adjustments were made as a result of agreements reached the DMH and the County pursuant to appeal based on additional disubmitted by the County.	d between					
				CMS PUB. 15-1 SEC. 2300						
5	MH 1960	8	С	ALLOWABLE COSTS FOR ALLOCATION		\$ 11,796,356	\$	80,581	\$	11,876,937
				To adjust allowable costs for allocation to reflect the effect of adjust No.4.	tments No. 1 through					
				Balance carried forward to subsequent adjustment. Balance brought forward from prior adjustment.						

Provider					Provider Number	7	No. of Adj.		Fiscal		
	SUTTER-YU		1TY		00058	_		_		30, 2	2004
Adj.	Report Refe	erence		EXPLANATION OF AUDIT ADJUSTME	ENTS		As Audited		Increase (Decrease)		Per Appeal
No.	Sch.	Line	Col.			_		_			
				ADJUSTMENTS TO AUDITED COSTS							
6 7 8 Info	MH 1960 MH 1960 MH 1960 MH 1960	9 10 11 12	0000	SD/MC ADMINISTRATION HEALTHY FAMILIES ADMINISTRATION NON SD/MC ADMINISTRATION TOTAL ADMINISTRATIVE COSTS To eliminate the audited distribution of administrative costs. Costs redistributed after adjustments to administrative costs below.	will be	\$ \$ \$	1,437,867 23,037 875,335 2,336,239	\$ \$ \$ \$ \$ \$	(1,437,867) (23,037) (875,335) 0	\$ \$ \$ \$	0 0 0 2,336,239
9	MH 1960	12	С	TOTAL ADMINISTRATIVE COSTS To adjust Total Administrative Costs in conjunction with adjustment CMS PUB. 15-1 SEC. 2304	t No. 3.	\$	2,336,239	\$	51,311	\$	2,387,550 *
10 11 12 Info	MH 1960 MH 1960 MH 1960 MH 1960	9 10 11 12	0000	SD/MC ADMINISTRATION HEALTHY FAMILIES ADMINISTRATION NON SD/MC ADMINISTRATION TOTAL ADMINISTRATIVE COSTS To reallocate Total Administrative Costs among SD/MC, Healthy F. Non SD/MC Administration based on the gross cost ratio of 62.01% 1.03% for Healthy Families, and 36.96% for Non SD/MC.	amilies, and	\$ \$ \$ \$	0 0 0 2,387,550	\$ \$ \$ \$	1,480,549 24,476 882,526 0	***	1,480,549 24,476 882,526 2,387,550
				 Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment. 							

Provider	SUTTER-YUI	PA COLII			Provider Number		No. of Adj. 30				Ended
			111		00058		30	╁	June	30, 2	2004
	Report Refe	erence		EVEL ANATION OF AUGIT AD INSTAN	-NTO		As Audited		Increase (Decrease)		Per
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTME	:NIS 		Audited		(Decrease)		Appeal
				ADJUSTMENTS TO AUDITED COSTS							
13 14 15 Info	MH1960 MH1960 MH1960 MH1960	13 14 15 16	0000	SKILLED PROFESSIONAL MEDICAL PERSONNEL (SPMP) OTHER SD/MC UTILIZATION REVIEW NON-SD/MC UTILIZATION REVIEW TOTAL UTILIZATION REVIEW COSTS To eliminate the audited distribution of utilization review costs. Cos	sts will be	\$ \$ \$	185,661 67,964 114,533 368,158	\$ \$ \$	(185,661) (67,964) (114,533) 0	\$ \$ \$	0 0 0 368,158 *
16	M H1960	16	С	redistributed after adjustments to utilization review costs. TOTAL UTILIZATION REVIEW COSTS To adjust Total Utilization Costs in conjunction with adjustment No.		*	368,158		(12,100)		356,059 *
17 18 19 Info	MH1960 MH1960 MH1960 MH1960	13 14 15 16	0000	CMS PUB. 15-1 SEC. 2304 SKILLED PROFESSIONAL MEDICAL PERSONNEL (SPMP) OTHER SD/MC UTILIZATION REVIEW NON-SD/MC UTILIZATION REVIEW TOTAL UTILIZATION REVIEW COSTS		* * * *	0 0 0 0 356,059	\$ \$ \$	218,675 104,871 32,513 0	\$ \$ \$	218,675 104,871 32,513 356,059
20	MH1960	18	С	To allocate the Non SD/MC Utilization Review portion related to SF Other SD/MC Utilization Review based on the chart review ratio of for SD/MC and 9.13% for Non SD/MC. MODE COSTS (DIRECT SERVICES AND MAA) To adjust mode costs in conjunction with adjustments No. 2 throug CMS PUB. 15-1 SEC. 2300	90.87 %	\$	9,091,958	\$	41,370	\$	9,133,328
				 Balance carried forward to subsequent adjustment. Balance brought forward from prior adjustment. 							

Provider					Provider Number	No. of Adj.	Fiscal F	Period Ended
	SUTTER-YU	BA COUI	YTY		00058	30	June	30, 2004
	Report Refe	erence				As	Increase	Per
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUST	TMENTS	Audited	(Decrease)	Appeal
				ADJUSTMENTS TO ALLOCATION OF C	COSTS			
21 22 23 Info Info Info	MH 1964 MH 1964 MH 1964 MH 1964 MH 1964	3 4 5 6 8	A A A A	OTHER 24 HOUR SERVICES (Mode 05- All Other SFC) DAY SERVICES (MODE 10) OUTPATIENT SERVICES (MODE 15 Program 1 + Program2) OUTREACH SERVICES (MODE 60) TOTAL To distribute revised mode costs to Other 24 Hour Services, Day Services, Outpatient Services, Outreach Services, and Support Services based on direct cost assignment for Outreac and Support Services and RVS for treatment programs (Adj.)	h Services	\$ 1,828,224 400,159 6,024,466 733,108 106,000 \$ 9,091,957	\$ 9,222 2,019 30,130 (0) (0) \$ 41,371	\$ 1,837,446 402,178 6,054,596 733,108 106,000 \$ 9,133,328
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.				

Provider					Provider Number	No. of Adj.		eriod Ended
	SUTTER-YUE	BA COU	NTY		00058	30	June 3	30, 2004
Adj.	Report Refe	rence		EXPLANATION OF AUDIT ADJUSTME	ENTS	As Audited	Increase (Decrease)	Per Appeal
No.	Sch.	Line	Col.					
				ADJUSTMENTS TO AUDITED MEDI-CAL UNITS COUNTY PROVIDERS - PROGRAMS 1 AND				
24 25 Info Info Info Info 26 27 Info	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 10B 11 11A	TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL	MEDI-CAL UNITS 07/01/03 - 09/30/03 MEDI-CAL UNITS 10/01/03 - 06/30/04 MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/03 - 09/30/03 MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/03 - 06/30/04 ENHANCED SD/MC (CHILDREN) UNITS 07/01/03 - 09/30/03 ENHANCED SD/MC (CHILDREN) UNITS 10/01/03 - 06/30/04 ENHANCED SD/MC (REFUGEES) UNITS 07/01/02 - 06/30/03 HEALTHY FAMILIES (SED) UNITS 07/01/03 - 09/30/03 HEALTHY FAMILIES (SED) UNITS 10/01/03 - 06/30/04 TOTAL To adjust the above mentioned audited units of service/time as a result of agreements reached between the DMH and the Courpursuant to appeal agreements based on additional supporting documentation submitted by the County.	nty :	377,193 1,288,779 70,441 20,048 4,715 11,926 0 14,235 31,188 1,818,525	2.500 8,694 0 0 0 0 249 738 12,181	379,693 • 1,297,473 • 70,441 • 20,048 • 4,715 • 11,926 • 0 • 14,484 • 31,926 • 1,830,706
				Balance carried forward to subsequent adjustment. Balance brought forward from prior adjustment.			_	

Provider		74.00.0			Provider Number	No. of Adj.		Period Ended
	SUTTER-YUI		NIY		00058	30	June	30, 2004
Adj.	Report Refe Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTME	EXPLANATION OF AUDIT ADJUSTMENTS		Increase (Decrease)	Per Appeal
140.	301.	Line	COI.	ADJUSTMENTS TO AUDITED SD/MC SETTLEM	<u>NENT</u>			
26 27	MH 1979 MH 1979	21 27	J	TOTAL SD/MC REIMBURSEMENT (FFP) - COUNTY TOTAL HEALTHY FAMILIES REIMBURSEMENT - COUNTY TOTAL REIMBURSEMENT - COUNTY		\$ 3,836,598 65,976 \$ 3,902,574	\$ 84,517 2,842 \$ 87,359	\$ 3,921,115 68,818 \$ 3,989,933
28 29	Sch. 3b Sch. 3b	Total Total	24 25	TOTAL SD/MC REIMBURSEMENT - CONTRACT PROVIDERS TOTAL HEALTHY FAMILIES REIMBURSEMENT - CONTRACT PROVIDERS TOTAL REIMBURSEMENT - CONTRACT PROVIDERS		\$ 828,595 18,737 \$ 847,332	\$ 347,767 0 \$ 347,767	\$ 1,176,362 18,737 \$ 1,195,099
30	SCH 4	10	3	To adjust Total SD/MC Reimbursement (FFP) due to the adjustment audited costs and units. ADJUSTMENTS TO AS AUDITED EPSDT STATE GENER NET COST SETTLEMENT AMOUNT To adjust audited net cost settlement amount as a result of adjustm SD/MC actuals (Total Computable Medical).	AL FUNDS	\$ 1,566,633	\$ 14,016	\$ 1,580,649
				 Balance carried forward to subsequent adjustment. Balance brought forward from prior adjustment. 				

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

CALCULATION OF PROGRAM COSTS MH 1960 (08/04)

FISCAL YEAR 2003 - 2004

County: SUTTER-YUBA

Legal Entity: SUTTER-YUBA COUNTY	Α	В	С
Legal Entity Number: 00058	Salaries		Total
	and Benefits	Other	Costs
1 Mental Health Expenditures	7,336,228	8,749,252	16,085,480
2 Encumbrances			
3 Less: Payments to Contract Providers (County Only)		(3,882,552)	(3,882,552)
4 Other Adjustments from MH 1962	(12,100)		(12,100)
5 Total Costs Before Medi-Cal Adjustments	7,324,128	4,866,700	12,190,828
6 Medi-Cal Adjustments from MH 1961		(313,891)	(313,891)
7 Managed Care Consolidation (County Only)			
8 Allowable Costs for Allocation			11,876,937
Administrative Costs (County Only)			
9 SD/MC Administration			1,480,549
10 Healthy Families Administration			24,476
11 Non-SD/MC Administration			882,526
12 Total Administrative Costs			2,387,550
Utilization Review Costs (County Only)			
13 Skilled Professional Medical Personnel			218,675
14 Other SD/MC Utilization Review			104,871
15 Non-SD/MC Utilization Review			32,513
16 Total Utilization Review Costs			<u>356,05</u> 9
			·
17 Research and Evaluation (County Only)			
18 Mode Costs (Direct Service and MAA)			9,133,328
19 Total Costs - Lines 9 through 18			11,876,937

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY **MEDI-CAL ADJUSTMENTS TO COSTS** MH 1961 (08/04)

DEPARTMENT OF MENTAL HEALTH

FISCAL YEAR 2003 - 2004

County: SUTTER-YUBA

Legal Entity: SUTTER-YUBA COUNTY	Α	В	C
Legal Entity Number: 00058	Salaries		Total
	and Benefits	Other	Adjustments
1			
2 IF PLANT ACQUISITION		(423,512)	(423,512)
3 Annual FY03-04 Depreciation expenses for FY 03-04		82,483	82,483
4 IF PLANT ACQUISITION			
5 FY 03-04 portion of depreciation expenses for		27,138	27,138
6 FY 02-03 IF PLANT ACQUISITION			· · · · · · · · · · · · · · · · · · ·
7			
8			
9			
10			
11			
12			
[13]			<u> </u>
14			
15			
16			
17			
18			-
19			
20 Total Adjustments		(313,891)	(313,891)

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY OTHER ADJUSTMENTS MH 1962 (08/04)

DEPARTMENT OF MENTAL HEALTH

FISCAL YEAR 2003 - 2004

County: SUTTER-YUBA

	Legal Entity: SUTTER-YUBA COUNTY	A	В	С
Le	gal Entity Number: 00058	Salaries		Total
		and Benefits	Other	Adjustments
1				
2	Unsupported UR staffs' salaries and benefits	(12,100)		(12,100)
3				
4				
5				
6				
7				
8				
9				
10				
11	<u>!</u>			
12				
13	<u> </u>			
14				
15		,		
16				
17				
18				
19				
20		(12,100)		(12,100)

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY ALLOCATION OF COSTS TO MODES OF SERVICE MH 1964 (08/04)

DEPARTMENT OF MENTAL HEALTH

FISCAL YEAR 2003 - 2004

County: SUTTER-YUBA

	Legal Entity: SUTTER-YUBA COUNTY	_ A
Le	gal Entity Number: 00058	Total
		Costs
1	Mode Costs (Direct Service and MAA) from MH 1960	9,133,328
	Modes	
2	Hospital Inpatient Services (Mode 05-SFC 10-19)	
3	Other 24 Hour Services (Mode 05-All Other SFC)	1,837,446
4	Day Services (Mode 10)	402,178
5	Outpatient Services (Mode 15 Program 1 + Program 2)	6,054,596
6	Outreach Services (Mode 45)	733,108
7	Medi-Cal Administrative Activities (Mode 55)	
8	Support Services (Mode 60)	106,000
9	Total - Lines 2 through 8	9,133,328

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

County: SUTTER-YUBA

County Code: 58			CR						
	Legal Entity: SUTTER-YUBA COUNTY		A	В_	С	D	E	F	G
Leg	al Entity Number: 00058			Service	Service	Service	Service	Service	Service
	Mode: 05 - Other 24 Hour Services (All	Other SFC)	Mode Total	Function	Function	Function	Function	Function	Function
1 1	Allocation Percentage		100.00%	100.00%					
	Total Units	<u>-</u>	100.00%	4,756					
	Gross Cost		1,837,446	1,837,446					
4	Cost per Unit	<u> </u>		386.34					
	SMA per Unit			489.49					
6	Published Charge per Unit			457.83					
7	Negotiated Rate / Cost per Unit								
8	Adadi Cal Haita	07/01/03 - 09/30/03		646		<u>-</u>			
8A	Medi-Cal Units	10/01/03 - 06/30/04	d., ja . 15 a	2,447					
9	Medicare/Medi-Cal Crossover Units	07/01/03 - 09/30/03	:-: :						
9A		10/01/03 - 06/30/04							
10	Enhanced SD/MC (Children) Units	07/01/03 - 09/30/03							
10A	Enhanced SD/MC (Refugees) Units	10/01/03 - 06/30/04 07/01/03 - 06/30/04			<u>-</u>				
11		07/01/03 - 09/30/03							
114	Healthy Families (SED) Units	10/01/03 - 06/30/04	 					-	
12	Non-Medi-Cal Units			1,663					
13	<u> </u>	07/01/03 - 09/30/03	249 577	249,577	·				
13A	Medi-Cal Costs	10/01/03 - 06/30/04	945,381	945,381					
14	M	07/01/03 - 09/30/03	316,211	316,211		_	-		
14A	Medi-Cal SMA Upper Limits	10/01/03 - 06/30/04	1,197,782	1,197,782					
15	Medi-Cal Published Charges	07/01/03 - 09/30/03	295,758	295,758					
15A		10/01/03 - 06/30/04	1,120,310	1,120,310					
16	Medi-Cal Negotiated Rates	07/01/03 - 09/30/03	L						
16A		10/01/03 - 06/30/04							
17	Medicare/Medi-Cal Crossover Costs	07/01/03 - 09/30/03							
17A		10/01/03 - 06/30/04							
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/03 - 09/30/03	<u> </u>				<u> </u>		<u> </u>
18A 19		10/01/03 - 06/30/04	ļ					<u>_</u>	
19A	Medicare/Medi-Cal Crossover Published Charges	07/01/03 - 09/30/03 10/01/03 - 06/30/04					 		
20		07/01/03 - 09/30/03							
20A	Medicare/Medi-Cal Crossover Negotiated Rates	10/01/03 - 06/30/04	 - 						
21		07/01/03 - 09/30/03							
21A	Enhanced SD/MC Costs	10/01/03 - 06/30/04	 				· · · · · · · · · · · · · · · · · · ·		
22		07/01/03 - 09/30/03							
22A	Enhanced SD/MC SMA Upper Limits	10/01/03 - 06/30/04							
23	Enhanced SD/MC Published Charges	07/01/03 - 09/30/03							
23A		10/01/03 - 06/30/04							
24	Enhanced SD/MC Negotiated Rates	07/01/03 - 09/30/03	 				 	ļ	<u> </u>
24A		10/01/03 - 06/30/04	<u> </u>				<u> </u>		
25	Enhanced SD/MC (Refugees) Costs	07/01/03 - 06/30/04							
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/03 - 06/30/04	 			<u> </u>	<u> </u>		_
27	Enhanced SD/MC (Refugees) Published Charges		 			 		 -	
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/03 - 06/30/04					<u> </u>	<u> </u>	
29	Healthy Families Costs	07/01/03 - 09/30/03							
29A	· · · · · · · · · · · · · · · · · · ·	10/01/03 - 06/30/04	 			<u> </u>	 		
30	Healthy Families SMA Upper Limits	07/01/03 - 09/30/03	 			 	<u> </u>	-	
30A		10/01/03 - 06/30/04 07/01/03 - 09/30/03	 		 	 	 	 	 -
31A	Healthy Families Published Charges	10/01/03 - 09/30/04	 	 	 	-	1	 	
32		07/01/03 - 09/30/03	 				1		1
32A	Healthy Families Negotiated Rates	10/01/03 - 06/30/04				<u> </u>			
33	Non-Medi-Cal Costs		642,488	642,488					
100	Tradit-inical-Cal Costs		1 042,468	1 042,400	1	1	1		1

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

County: SUTTER-YUBA

	County Code: 58			CR					
	Legal Entity: SUTTER-YUBA COUNTY		A	В	С	D	E	F	G
Leg	al Entity Number: 00058			Service	Service	Service	Service	Service	Service
	Mode: 10 - Day Services		Mode Total	Function	Function	Function	Function	Function	Function
<u> </u>	IAN			95				<u> </u>	
1	Allocation Percentage Total Units		100 00%	100.00%		L	<u> </u>	 	
3	Gross Cost		402,178	4,284 402,178					
	AND A STATE OF THE	<u> </u>	402,176						
4	Cost per Unit			93 88				ļ	
5	SMA per Unit Published Charge per Unit			118.94			 		
6 7	Negotiated Rate / Cost per Unit		 	_111.25				 	
_	Tregoriated Trate / Cost per Offic		··						
8	Medi-Cal Units	07/01/03 - 09/30/03		971					
8A		10/01/03 - 06/30/04		2,791			1	ļ	
9_	Medicare/Medi-Cal Crossover Units	07/01/03 - 09/30/03						 	
9A 10		10/01/03 - 06/30/04 07/01/03 - 09/30/03					 	 	
10A	Enhanced SD/MC (Children) Units	10/01/03 - 06/30/04				 		 	
	Enhanced SD/MC (Refugees) Units	07/01/03 - 06/30/04				 	 	 	
111		07/01/03 - 09/30/03	latification in the state of th				+	 	
11A	Healthy Families (SED) Units	10/01/03 - 06/30/04					 	 	
12	Non-Medi-Cal Units			522	_			 	
13	<u> </u>	07/01/03 - 09/30/03	91,157	91,157	-		 		
13A	Medi-Cal Costs	10/01/03 - 06/30/04	262,016	262,016		 	 	 	
14		07/01/03 - 09/30/03	115,491	115,491			 	 -	
14A	Medi-Cal SMA Upper Limits	10/01/03 - 06/30/04	331,962	331,962			-	 	
15		07/01/03 - 09/30/03	108,024	108,024	 -			 	
15A	Medi-Cal Published Charges	10/01/03 - 06/30/04	310,499	310,499					
16	Madi Cal Nasadistad Batas	07/01/03 - 09/30/03	-					<u> </u>	_
16A	Medi-Cal Negotiated Rates	10/01/03 - 06/30/04							
17		07/01/03 - 09/30/03	1.0.00			F			
17A	Medicare/Medi-Cal Crossover Costs	10/01/03 - 06/30/04	 		-		 		
18		07/01/03 - 09/30/03	 -	-					
18A	Medicare/Medi-Cal Crossover SMA Upper Limits	10/01/03 - 06/30/04	†		-				
19		07/01/03 - 09/30/03							
19A	Medicare/Medi-Cal Crossover Published Charges	10/01/03 - 06/30/04							
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/03 - 09/30/03							L
20A	Wiedicale/Wedi-Cal Crossover Negotiated Nates	10/01/03 - 06/30/04							
21		07/01/03 - 09/30/03			· · · · · · · · · · · · · · · · · · ·	 		 	1
21A	Enhanced SD/MC Costs	10/01/03 - 06/30/04	T		<u> </u>		1		1
22		07/01/03 - 09/30/03							
22A	Enhanced SD/MC SMA Upper Limits	10/01/03 - 06/30/04							
23	Enhanced SD/MC Published Charges	07/01/03 - 09/30/03							
234	Linea de la constitución de la c	10/01/03 - 06/30/04					1	1	
24	Enhanced SD/MC Negotiated Rates	07/01/03 - 09/30/03			<u> </u>	ļ	↓		
24/		10/01/03 - 06/30/04	<u> </u>				1		_
25	Enhanced SD/MC (Refugees) Costs	07/01/03 - 06/30/04	1	T	1	1	T :	1	
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/03 - 06/30/04							
27	Enhanced SD/MC (Refugees) Published Charges	07/01/03 - 06/30/04							
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/03 - 06/30/04				1			
29		07/01/03 - 09/30/03	+		† 	 		+	1
294	Healthy Families Costs	10/01/03 - 06/30/04	+	+		 		†	1
30	†	07/01/03 - 09/30/03	+		 	<u> </u>		 	
30/	Healthy Families SMA Upper Limits	10/01/03 - 06/30/04	 	1		<u> </u>			1
31		07/01/03 - 09/30/03							
31/	Healthy Families Published Charges	10/01/03 - 06/30/04							
32	Healthy Families Negotiated Rates	07/01/03 - 09/30/03							ļ
32/	Today Common regulated reales	10/01/03 - 06/30/04							
33	Non-Medi-Cal Costs	<u> </u>	49,005	49,005		 	 	1	<u> </u>
20	,		,,,,,,,	1 10,000					4

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

County SUTTER-YUBA

County Code: 58 CR CR CR CR CR · CR

	County Code; 58					UR .	UR		
	Legal Entity: SUTTER-YUBA COUNTY		A	В	С	D	E	F	G
Lec	al Entity Number: 00058			Service	Service	Service	Service	Service	Service
	Mode: 15 - Outpatient (Program 1)		Mode Total	Function	Function	Function	Function	Function	Function
				01	10	30	40	50	60
1	Allocation Percentage		100.00%	16.54%	4.49%	7.89%	15 56%	6.31%	49.08%
2	Total Units			688,049	145,176	255,292	503,296	203,993	825,496
3	Gross Cost		6,003,765	992,851	269,517	473,945	934,361	378,710	2,946,617
4	ost per Unit			1.44	1 86	1.86	1.86	1 86	3 57
5	SMA per Unit			1.83	2.36	2.36	2 36	2 36	4 37
6	Published Charge per Unit			1.71	2.20	2 20	2.20	2.20	4 23
7	Negotiated Rate / Cost per Unit			- ',,,	2.20	220	2.20	2.20	
_	regonated ritite / Goot per Sint	<u> </u>							
8	Medi-Cal Units	07/01/03 - 09/30/03		131,938	14,814	24,563	51,855	24,729	116,703
8A		10/01/03 - 06/30/04		394,088	59,399	84,952	199,303	82,379	437,202
9	Medicare/Medi-Cal Crossover Units	07/01/03 - 09/30/03		503	532	1,551	8,640	3,894	55,321
9A	Medicare/Medi-Cai Crossover Units	10/01/03 - 06/30/04		429	113	620	1,114	242	17,442
10	5 1 10D#10 10171 1117	07/01/03 - 09/30/03		2,368	50	575	1,344	138	240
10A	Enhanced SD/MC (Children) Units	10/01/03 - 06/30/04		6,327	486	996	2,121	433	1,178
10B	Enhanced SD/MC (Refugees) Units	07/01/03 - 06/30/04							
11		07/01/03 - 09/30/03		5,288	1,213	1,403	3,399	556	2,625
11A	Healthy Families (SED) Units	10/01/03 - 06/30/04		9,198	3,550	2,574	9,330	2,042	5,232
	Non-Medi-Cal Units	10/01/03 - 00/30/04	i						
12	NOTE WIGHT CALL OF THE STATE OF		<u> </u>	137,910	65,019	138,058	226,190	89,580	189,553
13	Medi-Cal Costs	07/01/03 - 09/30/03	822,346	190,386	27,502	45,601	96,268	45,909	416,573
13A	Medi-Cai Costs	10/01/03 - 06/30/04	2,922,122	568,667	110,273	157,712	370,003	152,935	1,560,597
14	14 6 0-10141 11 117	07/01/03 - 09/30/03	1,025,244	241,447	34,961	57,969	122,378	58,360	509,992
14A	Medi-Cal SMA Upper Limits	10/01/03 - 06/30/04	3,639,645	721,181	140,182	200,487	470,355	194,414	1,910,573
15		07/01/03 - 09/30/03	974,510	225,614	32,591	54,039	114,081	54,404	493,654
15A	Medi-Cal Published Charges	10/01/03 - 06/30/04	3,462,821	673,890	130,678	186,894	438,467	181,234	1,849,364
16		07/01/03 - 09/30/03	3,402,021	073,030	130,070	- 100,034	- 430,401	101,204	1,045,504
16A	Medi-Cal Negotiated Rates	10/01/03 - 06/30/04	-						
104									
17	Medicare/Medi-Cal Crossover Costs	07/01/03 - 09/30/03	225,381	726	988	2,879	16,040	7,229	197,469
17A	Medicate/Medi-Car Crossover Costs	10/01/03 - 06/30/04	67,001	619	210	1,151	2,068	449	62,259
18	44 6 6 4 6 6 4 6 6 4 6 6 4 6 6 6 6 6 6	07/01/03 - 09/30/03	277,169	920	1,256	3,660	20,390	9,190	241,753
18A	Medicare/Medi-Cat Crossover SMA Upper Limits	10/01/03 - 06/30/04	82,246	785	267	1,463	2,629	571	76,222
19		07/01/03 - 09/30/03	267,025	860	1,170	3,412	19,008	8,567	234,008
194	Medicare/Medi-Cal Crossover Published Charges	10/01/03 - 06/30/04	79,399	734	249	1,364	2,451	532	73,780
20		07/01/03 - 09/30/03	.0,000	104		1,001	2,42		
20A	Medicare/Medi-Cal Crossover Negotiated Rates	10/01/03 - 06/30/04	 		-				
207									
21	Enhanced SD/MC Costs	07/01/03 - 09/30/03	8,185	3,417	93	1,067	2,495	256	857
21/	- Enhanced SD/MC Costs	10/01/03 - 06/30/04	20,827	9,130	902	1,849	3,938	804	4,205
22		07/01/03 - 09/30/03	10,355	4,333	118	1,357	3,172	326	1,049
22/	Enhanced SD/MC SMA Upper Limits	10/01/03 - 06/30/04	26,251	11.578	1,147	2,351	5.006	1,022	5.148
23		07/01/03 - 09/30/03	9,700	4,049	110	1,265	2,957	304	1,015
23/	Enhanced SD/MC Published Charges	10/01/03 - 06/30/04	24,681	10,819	1,069	2,191	4,666	953	4,983
24		07/01/03 - 09/30/03	27,001	10,019	1,000		3,000		
24/	Enhanced SD/MC Negotiated Rates	10/01/03 - 06/30/04	 	 	 				
	The state of the s				<u> </u>				
25	Enhanced SD/MC (Refugees) Costs	07/01/03 - 06/30/04							
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/03 - 06/30/04				L			
27	Enhanced SD/MC (Refugees) Published Charges	07/01/03 - 06/30/04							
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/03 - 06/30/04							
20		07/01/03 - 09/30/03	29,199	7624	2,252	2,605	6,310	1,032	9,370
29	Healthy Families Costs			7,631					
29/	\	10/01/03 - 06/30/04	64,429	13,273	6,591	4,779	17,321	3,791	18.576
30	Healthy Families SMA Upper Limits	07/01/03 - 09/30/03	36,656	9,677	2,863	3,311	8,022	1,312	11,471
30/	· · · · · · · · · · · · · · · · · · ·	10/01/03 - 06/30/04	80,987	16,832	8,378	6,075	22,019	4,819	22,864
31	Healthy Families Published Charges	07/01/03 - 09/30/03	34,602	9,042	2,669	3,087	7,478	1,223	11,104
31/	Trouming i delibrated orlanges	10/01/03 - 06/30/04	76,3\$1	15,729	7,810	5,663	20,526	4,492	22,131
32	Healthy Families Negotialed Rales	07/01/03 - 09/30/03							
32/	Treamy rainines regulated rates	10/01/03 - 06/30/04				1			
32	New Mark Cal Casts		1.044.000	100.000	120 227	250 200	410.010	106.201	676.644
33	Non-Medi-Cal Costs		1,844,323	199,003	120,707	256,302	419,918	166,304	676,611

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

County: SUTTER-YUBA

County Code: 58

CR

County Code: 58		_CR						
Legal Entity: SUTTER-YUBA COUNTY		н	1	J	K	L	М	N
Legal Entity Number: 00058		Service	Service	Service	Service	Service	Service	Service
Mode: 15 - Outpatient (Program 1)		Function	Function	Function	Function	Function	Function	Function
Allocation Descentage		70					-	
1 Allocation Percentage 2 Total Units		0.13% 2,797		-				
3 Gross Cost		7,765		-	-		 -	
to a first transmission of the contract of the								
4 Cost per Unit		2.78						
5 SMA per Unit		3.52				ļ		ļi
6 Published Charge per Unit 7 Negotiated Rate / Cost per Unit		3.29		<u> </u>	 			
7 Negotiated Rate / Cost per Unit			*	 			-	
8 Medi-Cal Units	07/01/03 - 09/30/03	39						
8A Medi-Car Officia	10/01/03 - 06/30/04	697				i		
Medicare/Medi-Cal Crossover Units	07/01/03 - 09/30/03							
[9A	10/01/03 - 06/30/04	88			<u> </u>			
Enhanced SD/MC (Children) Units	07/01/03 - 09/30/03							
[10A]	10/01/03 - 06/30/04							
10B Enhanced SD/MC (Refugees) Units	07/01/03 - 06/30/04							
Healthy Families (SED) Units	07/01/03 - 09/30/03				L			
11Aj	10/01/03 - 06/30/04				ļ	L		
12 Non-Medi-Cal Units		1,973		 		ļ	_	
13 Madi Cal Casta	07/01/03 - 09/30/03	108		T .		1		
13A Medi-Cat Costs	10/01/03 - 06/30/04	1,935	· · · · · · · · · · · · · · · · · · ·					
14	07/01/03 - 09/30/03	137						
14A Medi-Cal SMA Upper Limits	10/01/03 - 06/30/04	2,453						
15 Medi-Cal Published Charges	07/01/03 - 09/30/03	128						
15A Medi-Cai Fublished Charges	10/01/03 - 06/30/04	2,293						
16 Medi-Cal Negotiated Rates	07/01/03 - 09/30/03	,					<u> </u>	
16A Medi-Ozi Hegoliated Nates	10/01/03 - 06/30/04	1			ļ <u>.</u>			
17	07/01/03 - 09/30/03			1		<u> </u>		
17A Medicare/Medi-Cal Crossover Costs	10/01/03 - 06/30/04	244						†
18	07/01/03 - 09/30/03				i —			
Medicare/Medi-Cal Crossover SMA Upper Limits	10/01/03 - 06/30/04	310						
19 Madiana (Madi Cal Cassas D. Michael Characa	07/01/03 - 09/30/03							
199 Medicare/Medi-Cal Crossover Published Charges	10/01/03 - 06/30/04	290		1				
20 Medicare/Medi-Cal Crossover Negotiated Rates	07/01/03 - 09/30/03							
20A Wedicare/Medi-Car Crossover Negotialed Rates	10/01/03 - 06/30/04	-						
21 Enhanced SDMC Costs	07/01/03 - 09/30/03				 		 	
Enhanced SD/MC Costs	10/01/03 - 06/30/04	-			 	 -	1	
22	07/01/03 - 09/30/03	1	<u> </u>			1	_	
Enhanced SD/MC SMA Upper Limits	10/01/03 - 06/30/04						 	
21	07/01/03 - 09/30/03	1				1		
23A Enhanced SD/MC Published Charges	10/01/03 - 06/30/04						!	
24	07/01/03 - 09/30/03	1				1		
Enhanced SD/MC Negotiated Rates	10/01/03 - 06/30/04							
25 Enhanced SD/MC (Refugees) Costs	T07/01/03 - 06/30/04	 		-				
26 Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/03 - 06/30/04	-		 	+	 	+	
27 Enhanced SD/MC (Refugees) Published Charges	07/01/03 - 06/30/04	 	 	 		+	+	 -
28 Enhanced SD/MC (Refugees) Negotiated Rates	07/01/03 - 06/30/04	 	 	+	 	+	 	
		<u> </u>	!	†:	 	 	<u> </u>	
Healthy Families Costs	07/01/03 - 09/30/03	 		 	 		<u> </u>	
29A	10/01/03 - 06/30/04				-	+	1	-
Healthy Families SMA Upper Limits	07/01/03 - 09/30/03	 		+		+	+	+
30A	10/01/03 - 06/30/04	1	├			+	+	1
Healthy Families Published Charges	07/01/03 - 09/30/03	<u> </u>	 	 	 	 	 	4
31A	10/01/03 - 06/30/04	 		+			-	+
Healthy Families Negotiated Rates	07/01/03 - 09/30/03	+	-	+	 	-		-
32A	10/01/03 - 06/30/04	1		 	4		 	+
33 Non-Medi-Cal Costs		5,477						

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

County: SUTTER-YUBA

County: SUTTER-YUBA County Code: 58			MHS	MHS	MHS	MHS	MHS	MHS
Legal Entity: SUTTER-YUBA COUNTY		Α	В	С	D	E	F	G
Legal Entity Number: 00058		1 1	Service	Service	Service	Service	Service	Service
Mode: 15 - Outpatient (Program 2)		Mode Tota	Function	Function	Function	Function	Function	Function
			49	69	10	30	40	60
1 Allocation Percentage		100 00%	12.88%	25.32%	1.50%	3 30%	56 71%	0.29%
2 Total Units		50.834	4,725	9,290	870	1,770	32,280	105
3 Gross Cost	· · · · · · · · · · · · · · · · · · ·	50,831	6,546	12,870	765	1,678	28,827	145
4 Cost per Unit			1.39	1.39	0 88	0.95	0 89	1 38
5 SMA per Unit	_	 	2.36	4.37	2.36	2.36	2 36	4 37
6 Published Charge per Unit 7 Negotiated Rate / Cost per Unit		 	-					
ta Till til flytte state at till tatte til tall till till till till till till								
8 Medi-Cal Units	07/01/03 - <u>09/30/03</u>		850	1,845	270	1,170	9,300	
8A	10/01/03 - 06/30/04		3,785	6,860	50	540	22,980	
Medicare/Medi-Cal Crossover Units	07/01/03 - 09/30/03							
9A Medical environment of Control Heiter	10/01/03 - 06/30/04 07/01/03 - 09/30/03							
Enhanced SD/MC Units	10/01/03 - 06/30/04	 	30	355	_	_		
10B Enhanced SD/MC (Refugees) Units	07/01/03 - 06/30/04	 		333	-			
11	07/01/03 - 09/30/03	1						
Healthy Families (SED) Units	10/01/03 - 06/30/04							
12 Non-Medi-Cal Units		1	60	230	550	60		105
13	07/01/03 - 09/30/03	13,385	1,178	2,556	237	1,109	8.305	
13A Medi-Cal Costs	10/01/03 - 06/30/04	35,825	5,244	9,504	44	512	20,522	
14	07/01/03 - 09/30/03	35,415	2,006	8,063	637	2,761	21,948	
14A Medi-Cal SMA Upper Limits	10/01/03 - 06/30/04	94,536	8,933	29,978	118	1,274	54,233	
15	07/01/03 - 09/30/03		-,			.,		
15A Medi-Cal Published Charges	10/01/03 - 06/30/04							
16 Medi-Cal Negotiated Rates	07/01/03 - 09/30/03							
16A Medi-Cai Negolialed Rales	10/01/03 - 06/30/04							
17	07/01/03 - 09/30/03	1						-
Medicare/Medi-Cal Crossover Costs	10/01/03 - 06/30/04							
18	07/01/03 - 09/30/03							
18A Medicare/Medi-Cal Crossover SMA Upper Limits	10/01/03 - 06/30/04							
19 Medicare/Medi-Cal Crossover Published Charges	07/01/03 - 09/30/03							
19A	10/01/03 - 06/30/04							
Medicare/Medi-Cal Crossover Negotiated Rates	07/01/03 - 09/30/03							
20A Medicar Street Car Crossover Negotiated Nates	10/01/03 - 06/30/04	1						
21 Enhanced SD/MC Costs	07/01/03 - 09/30/03							
21A Enhanced SD/Mic Costs	10/01/03 - 06/30/04	533	42	492				
Enhanced SD/MC SMA Upper Limits	07/01/03 - 09/30/03							
[22A]	10/01/03 - 06/30/04	1.622	71	1,551				
Enhanced SD/MC Published Charges	07/01/03 - 09/30/03	 	ļ	-				
23A	10/01/03 - 06/30/04	1	-					
Enhanced SD/MC Negotiated Rates	07/01/03 - 09/30/03	1	-					
124A	10/01/03 - 06/30/04	<u> </u>	<u> </u>					
25 Enhanced SD/MC (Refugees) Costs	07/01/03 - 06/30/04							
26 Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/03 - 06/30/04							
27 Enhanced SD/MC (Refugees) Published Charges		ļ				L		
28 Enhanced SD/MC (Refugees) Negotiated Rates	07/01/03 - 06/30/04	1				<u> </u>		
29 Healthy Families Costs	07/01/03 - 09/30/03							
29A Hearthy Families Costs	10/01/03 - 06/30/04							
Healthy Families SMA Upper Limits	07/01/03 - 09/30/03							
30A	10/01/03 - 06/30/04							
Healthy Families Published Charges	07/01/03 - 09/30/03							
31A	10/01/03 - 06/30/04				_			
Healthy Families Negotiated Rates	07/01/03 - 09/30/03	1	<u> </u>	<u> </u>				
32A Traditity Farming Regulated Hales	10/01/03 - 06/30/04		 				1	
33 Non-Medi-Cal Costs		1,087	83	319	484	57		145

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 1

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966 (08/04)

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

County: SUTTER-YUBA County Code: 58

CR CR

Legal Entity: SUTTER-YUBA COUNT	, A	В	С	D	E	F	G
Legal Entity Number: 00058		Service	Service	Service	Service	Service	Service
Mode: 45 - Outreach	Mode Total	Function 20	Function 22	Function	Function	Function	Function
Allocation Percentage	100.00%	72.54%	27.46%				
2 Total Units		165,812	76,128				
3 Gross Cost	733,108	531,794	201,314				
4 Cost per Unit		3.21	2.64				
5 Non-Medi-Cal Units		165,812	76,128				
6 Non-Medi-Cal Costs	733,108	531,794	201,314		<u></u>		

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 1

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966 (08/04)

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

County: SUTTER-YUBA

County Code: 58

CR

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	Legal Entity: SUTTER-YUBA COUNTY	A	В	С	D	Ε	F	G
Lε	Legal Entity Number: 00058		Service	Service	Service	Service	Service	Service
	Mode: 60 - Support	Mode Total	Function 20	Function 30	Function	Function	Function	Function
		į						
1	Allocation Percentage	100.00%	13.21%	86.79%				
2	Total Units		22,464	168,480				
3	Gross Cost	106,000	14,000	92,000				
4	Cost per Unit		0.62	0.55				
5	Non-Medi-Cal Units (Same as Line 2)		22,464	168,480				~
6	Non-Medi-Cal Costs (Same as Line 3)	106,000	14,000	92,000				

DETAIL COST REPORT

DETERMINATION OF SDIMC DIRECT SERVICE AND MAA REIMBURSEMENT MH 1968 (08/04)

FISCAL YEAR 2003 - 2004

	County SUTTER-YUBA County Code: 58				REIMBURSI	EMENT TYPE	PC	Γ	Costs		ſ	Costs	
	Legal Entity SUTTER-YUBA COUNTY		Α	B	С	D	E	F	G	н		J	К
Lega	Entity Number 00058						Total				Total		Total
Į				Mode 55 S F s 11-19		Total MAA	Inpatient Mode 05-	Mode 05 All		Mode 15	Outpatient Exclude	Mode 15	Outpatient (Col I + Col J)
1			S F.'s 01-09	31-39	5 F's 21-29	****	Hospital	Other	Mode 10	Program (1)	Program (2)	Program (2)	(001 1 001 3)
1	Medi-Cal Costs	07/01/03 - 09/30/03		ar . I i	1 1 1	· .		249,577	91,157	822,346	1,163,080	13,385	1 176 466
1A		10/01/03 - 06/30/04						945,381	262,016	2,922,122	4,129,519	35,825	4,165,344
2	Medi-Cal SMA	07/01/03 - 09/30/03				(- · · · ·		316,211	115,491	1,025,244	1,456,945	35,415	1,492,360
2A		10/01/03 - 06/30/04 07/01/03 - 09/30/03		- :				1,197,782 295,7 <u>5</u> 8	331,962 108,024	3,639,645 974,510	5,169,389 1,378,292	94,536	5,263,925 1,378,292
3A	Medi-Cal P. C.	10/01/03 - 06/30/04				+		1,120,310	310,499	3,462,821	4.893,629	· · · · · · · · · · · · · · · · · · ·	4,893,629
4	Medi-Cal N R	07/01/03 - 09/30/03		7 1 2 2 7 7 7 7 7									
4A		10/01/03 - 06/30/04	34,000	<u> </u>									
5	Medi-Cal Gross Reimbursement	07/01/03 - 09/30/03						249,577	91,157	822,346	1,163,080	13,385	1,175,466
5A	medi-Cat Gloss Reimborsement	10/01/03 - 06/30/04						945,381	262,016	2,922,122	4,129,519	35,825	4,165,344
6	etatistika ja ara j	07/01/03 - 09/30/03	 				····			225,331	225,331		225,331
6A	Medicare/Medi-Cal Crossover Cost	10/01/03 - 06/30/04	144	Star Tier.						67,001	67,001		67,D01
7	Medicare/Medi-Cal Crossover SMA	07/01/03 - 09/30/03								277,169	277,169		277,169
7A		10/01/03 - 06/30/04								82,246	82,246		82 246
8 8A	Medicare/Medi-Cal Crossover P. C.	07/01/03 - 09/30/03 10/01/03 - 06/30/04						 		267,025 79,399	267,025 _79,399		267,025 79 399
9	Medicare/Medi-Cal Crossover N. R.	07/01/03 - 09/30/03		Histhe							. 3,055		
9A		10/01/03 - 06/30/04	1 1 1 1 1 1 1										
10	Medicare/Medi-Cal Crossover Gross Reim	07/01/03 - 09/30/03						 _ 		225,331	225,331		225,331
10A	medicale/medi-Cai Crossover Gross Kelm	10/01/03 - 06/30/04		14.0E	1.1. 1. 1. 1					67,001	67,001		67,001
11	Total Control Control Control	07/01/03 - 09/30/03	1 - 13 - 11					249,577	91,157	1,047,677	1,388,411	13,385	1,401,797
11A	Total SD/MC + Crossover Gross Reim.	10/01/03 - 06/30/04						945,381	262,016	2,989,123	4,196,520	35,825	4 232,345
12	5	07/01/03 - 09/30/03						1		8,185	8,185		8,185
12A	Enhanced SD/MC (Children) Cost	10/01/03 - 06/30/04								20,827	20,827	533	21,361
13	Enhanced SD/MC (Children) SMA	07/01/03 - 09/30/03								10 355	10,355		10,355
13A		10/01/03 - 06/30/04				<u> </u>	<u> </u>	\		26,251	26,251	1,622	27,873
14 14A	Enhanced SD/MC (Children) P. C.	07/01/03 - 09/30/03 10/01/03 - 06/30/04	1.14.1.1					l		9,700 24,681	9,700 24,681		9,700
15	Enhanced SD/MC (Children) N. R.	07/01/03 - 09/30/03				 					21,001		1,00
15A	Enhanced SU/MC (Children) N. R.	10/01/03 - 06/30/04	1.11		11								
16	E-b CDMC (Clideral Cores Refer	07/01/03 - 09/30/03						 		8,185	8,185		8,185
16A	Enhanced SD/MC (Children) Gross Reim,	10/01/03 - 06/30/04	311	1 14.4						20,827	20,827	533	21,361
17	Enhanced SD/MC (Refugees) Cost	07/01/03 - 06/30/04						1					
18	Enhanced SD/MC (Refugees) SMA	07/01/03 - 06/30/04		and, h									
	Enhanced SD/MC (Refugees) P. C	07/01/03 - 06/30/04		حببب	فتتبينا	ļ.,		 				·	
20	Enhanced SD/MC (Refugees) N. R.	07/01/03 - 06/30/04	<u> </u>				1	<u> </u>					
21	Total Medi-Cal Gross Reimbursement	07/01/03 - 09/30/03	te sette (et a)	34 <u>, 1 ,</u> 34 4 ,				249,577	91,157	1,055,863	1,396,597	13,385	1,409 982
21A	(Excludes Refugees) Enhanced SD/MC (Refugees) Gross Reim	10/01/03 - 06/30/04				 	 	945,381	262,016	3,009,951	4,217,348	36,358	4,253,706
22	Enhanced String (Relugees) Gross Reim	07/01/03 - 06/30/04				L		 -					
23	Healthy Families Cost	07/01/03 - 09/30/03			ļ			-		29,199	29,199		29,199
23A	— 	10/01/03 - 06/30/04 07/01/03 - 09/30/03	 	111111	 		 	 		64,429 36,656	64,429 36,656		64,429 36,656
24A	Healthy Families SMA	10/01/03 - 06/30/04	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		1000	 		1 - 1		80,987	80.987		80,987
25	Healthy Families P. C.	07/01/03 - 09/30/03								34,602	34,602		34,602
25A		10/01/03 - 06/30/04					<u> </u>			76,351	76,351	ļ	76,351
26 26A	Healthy Families N R	07/01/03 - 09/30/03 10/01/03 - 06/30/04	1 1 1 1 1 1 1 1 1	 	 	 	 		ļ		 		+
		The second secon	1		 		_	1					
27 27A	Healthy Families Gross Reim.	07/01/03 - 09/30/03 10/01/03 - 06/30/04	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	 	 	+	1	 		29,199 64,429	29,199 64,429	 	29 199 64 429
ZIA	Less. Patient and Other Payor Revenue	10/01/03 - 00/30/04	In project and		1		1 3	 		64,429	04,423	 	04,429
28		07/01/03 - 09/30/03	1	-	 	 	 	1 - i		55,993	55,993		55,993
28A	SD/MC + Crossover Revenue	10/01/03 - 06/30/04								12,493	12,493		12,493
29	Enhanced SD/MC (Children) Revenue		1000 1000 100				<u> </u>						
30	Enhanced SD/MC (Refugees) Revenue Healthy Families Revenue		 		+	 	+				 	 	
		Company Transport	 		 	1	1				 	<u> </u>	
32	Total Expenditures from MAA (Mode 55) Medi-Cal Eligibility Factor (Average)		100000			 	+	+	<u> </u>				
33	Revenue - MAA			 	1	 	1	 		 	ļ	 	t
		107/04/02 00/20/02			1	 	 	210.577	01.153	000 077	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	12.00	1252.000
35 35A	Net Due - SD/MC for Direct Services	07/01/03 - 09/30/03 10/01/03 - 06/30/04	 	 	1	 	 	249,577 945,381	91,157 262,016	999,87 <u>0</u> 2,997,458	1,340,604 4,204,855	13,385 36,358	
36	Net Due - Enhanced SD/MC (Refugees)	1.30 1193 - 30/30/04	101 100	1000	1	1	 	343,301	202,016	2,331,430	3,204,055	30,336	7,27,213
37	Net Due - Healthy Families	07/01/03 - 09/30/03				101000				29,199	29,199		29,199
37A	The state of the s	10/01/03 - 06/30/04	حثبتهبنا	ļ	4	1	_	ļ	-	64,429	64,429	ļ	64,429
Ľ	Amount Negotiated Rates Exceed Costs	<u> </u>			1								
38	SD/MC (Includes Children)	07/01/03 - 09/30/03			ــــــــــــــــــــــــــــــــــــــ	-	_	1	<u> </u>		<u> </u>		
38A	Enhanced SD/MC (Refugees)	10/01/03 - 06/30/04	 	 	+	 		 			 	 	
39 40		07/01/03 - 09/30/03	+ + + + + + + + + + + + + + + + + + + +	100	1	1		+			 		
40A	Healthy Families	10/01/03 - 06/30/04		1		1							

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

DEPARTMENT OF MENTAL HEALTH

SD/MC PRELIMINARY DESK SETTLEMENT MH 1979 (08/04)

County: SUTTER-YUBA County Code: 58

Legal Entity: SUTTER-YUBA COUNTY		A	В	С	D	E	F	G	н		j
Legal Entity Number: 00058		Total MAA	Total Inpatient	Total Outpatient	Total	50 00% FFP	54 35% FFP	52 95% FFP	Variable %	75 00% FFP	Total FFP
SD/MC Administrative Reimbursement (County C		atinaliari da ur									
County SD/MC Direct Service Gross Reimbursen				5,663,688	5,663,688						
Contract Providers Medi-Cal Direct Service Gros			1,724,742	2,206,399	3,931,141						
Total Medi-Cal Direct Service Gross Reimbursen	nent				9,594,829						
Medi-Cal Administrative Reimbursement Limit			ta galda basi'a		1,439,224						
Medi-Cal Administration					1,480,549						
Medi-Cal Administrative Reimbursement					1,439,224	719,612					719,6
Healthy Families Administrative Reimbursement	(County Only)							`			
County Healthy Families Direct Service Gross Re				93,629	93.629			 	1.		
A Contract Providers Healthy Families Direct Service	ce Gross Reim.			28,826	28,826						
B Total Healthy Families Direct Service Gross Rein					122,455						
Healthy Families Administrative Reimbursement	Limit				12,245						
Healthy Families Administration					24,476		_				
0 Healthy Families Administrative Reimbursement					12,245				7,960		7,9
SD/MC Net Reimbursement for MAA								<u> </u>	· · · · · · · · · · · · · · · · · · ·		
11 Medi-Cal Admin, Activities Svc Functions 01 - 09									<u> </u>		
12 Medi-Cal Admin. Activities Svc Functions 11 - 19	31 - 39										
13 Medi-Cal Admin. Activities Svc Functions 21 - 29	(County Only)										
4 Utilization Review-Skilled Prof. Med. Personnel (County Only)				218,675		 			164.006	164.0
5 Other SD/MC Utilization Review (County Only)					104,871	52,436					52,4
6 50/46 No Bereit	07/01/03 - 09/30/03			1.345.804	1,345,804		731,444		· · · · · · · · · · · · · · · · · · ·		731,4
SD/MC Net Reimbursement for Direct Services	10/01/03 - 06/30/04			4,219,852	4,219,852			2,234,412	1		2,234,4
Enhanced SD/MC Net Reimb, (Children)	07/01/03 - 09/30/03			8,185	8,185				5,320		5,3
17A Emanced SD/MC Net Reimb. (Children)	10/01/03 - 06/30/04			21,361	21,361				13,885		13,8
8 Enhanced SD/MC Net Reimb. (Refugees)											
19 Total SD/MC Reimbursement Before Excess FFF) 								1		3,921,1
20 Amount Negotiated Rates Exceed Costs - SD/MO				 	<u> </u>				1		
21 Total SD/MC Reimbursement (FFP)			100000000000000000000000000000000000000						1		3,921.1
22 Contract Limitation Adjustment											
23 Adjusted Total SD/MC Reimbursement (FFP)											3.921,1
24	07/01/03 - 09/30/03			29,199	29,199				18,980		18,9
Healthy Families Net Reimbursement	10/01/03 - 06/30/04		 	64,429	64,429				41,879		41,8
25 Total Healthy Families Reimbursement Before E			la esta de la composición dela composición de la composición dela composición dela composición dela composición de la composición dela	1	, ,	 				·	68,8
26 Amount Negotiated Rates Exceed Costs - Health			1			44.1			1		
27 Total Healthy Families Reimbursement			1 1 1 1 1 1 1 1 1 1 1 1	11 4				· ·	1.11		68,8